

events such as the Super Bowl and the Final Four. Just this week, the Department of Homeland Security had a briefing for Members of the Texas delegation on the Super Bowl, talking about the security that will be implemented in Houston. It was quite impressive. But during that briefing for Members of Congress—and I see two of them here, Mr. AL GREEN and Mr. FARENTHOLD, who were at that briefing—they talked about how probably sex trafficking will be at that location, and how they are going to try to prevent it.

It is quite impressive, the Blue Campaign that is taking place by the Department of Homeland Security. We are going to be ready for those people who want to try to promote sex trafficking in Houston because of the Super Bowl, making sure that there is not going to be sex trafficking in our town, in our country, and that our children are not for sale.

So it is important that we recognize it when we see it, and it is because of awareness of citizens like Mr. Avila that America is turning the tide and making sure that we enforce our sex trafficking laws.

And that is just the way it is.

REFINE THE AFFORDABLE CARE ACT—DON'T REPEAL

The SPEAKER pro tempore. The Chair recognizes the gentleman from Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, it is heartening that a few of our Republican colleagues are urging caution on the reckless approach to repeal the Affordable Care Act. They are acknowledging that the only reasonable way to proceed—if that is the objective—is to, at the same time that they repeal, provide the American people with a replacement, a replacement that meets their criteria.

One reason they have not done so is that Republicans don't really agree, don't really know how to do that. The new President promises that a repeal-and-replace program will be better. It will have lower costs and better coverage—a tall order—and we have seen no details.

The troubling fact for the Republicans bent on repealing the Affordable Care Act is that the ACA is working, and most of the major provisions are wildly popular: no lifetime limits on health care; no denial for preexisting conditions to almost 130 million Americans who would otherwise have their health care at risk; allowing children to stay on their parents' health insurance until they are age 25; not charging women higher premiums than men simply because of their chromosomes.

These elements are absolutely essential going forward, and the American public wants this to continue. Sadly, even if they do slow down and try to do it right, there is much damage that is being done with the uncertainty in the

air. They have unsettled 18 percent of our economy—over \$3 trillion of annual expenses—disrupting the 6 years of progress in making the system work better.

I have been talking to people in my community, finding out about some of the damage that is being done, their concerns and apprehensions. The largest employer in the city of Portland is Oregon Health & Science University. They already have felt compelled to implant a hiring freeze, dial back some of their programming, trying to reconfigure, preparing for the worst.

The local government, partnering with the private sector to treat the poor and the elderly, people with mental health issues, are having their important reforms put at risk, and they are scrambling to try and figure out how to do it.

The State of Oregon, not unlike many States around the country, is facing some budget challenges, and there is a \$1.7 billion question dealing with the uncertainty going forward with Medicaid.

Rural hospitals are especially vulnerable, and they will explain it to any Congressman who chooses to ask. Most important for many of them is the fact that this approach that is being pursued on Capitol Hill with this question mark puts at risk one of the greatest achievements of the Affordable Care Act. The vast amounts of money spent on uncompensated care, charity care, has been dramatically reduced. People are getting their health care earlier, and it is being paid for. And those uncompensated care levels are falling dramatically. They are getting better care, more timely.

The health providers in my community are concerned they are still going to have to provide the care, but it will be done later in an emergency room, not in a clinic setting, and they are left holding the bag financially. It is not hard to find out how damaging this approach has been.

Certainly, the Affordable Care Act could use refinement and improvement. We have been trying to do that for the last 6 years. The local medical associations, community clinics, hospitals, health plans are all willing to say how that could be done; but at the same time, they will explain what is at risk and why we owe it to them and the people we serve to understand the damage that is being done and try and minimize it.

The course that is being followed will make America sick again, and that is not the way to start a new administration, a new Congress. We should do what we should have been doing for the last 6 years: working together, cooperatively, to build upon, refine, and improve the Affordable Care Act and give the American public the health care they deserve.

HIGHLIGHTING THE IMPORTANCE OF RURAL HEALTH CARE

The SPEAKER pro tempore. The Chair recognizes the gentleman from Pennsylvania (Mr. THOMPSON) for 5 minutes.

Mr. THOMPSON of Pennsylvania. Mr. Speaker, before I was elected to serve in the House of Representatives, I spent nearly 30 years in the nonprofit healthcare field assisting those individuals who were facing life-changing diseases and disability. Additionally, as a member of my home community, I have volunteered for decades as an emergency medical technician, serving my neighbors in their time of trauma or medical emergency needs.

I am acutely aware of the challenges many face when it comes to obtaining reasonably priced health care. It is especially critical for rural America, like much of the Fifth Congressional District of Pennsylvania.

We are facing a healthcare crisis in our Nation's rural areas. These often disadvantaged populations are still struggling to access affordable, quality care. Many remain uninsured. Many find themselves newly uninsured as a result of the pressures and the demands and the mandates of the Affordable Care Act. Most are underinsured; however, access to quality care really does remain the largest challenge.

Even when people gain access to health insurance or coverage, it does not equal access to care. Rural hospitals across the country are closing, leaving patients without access to their emergency rooms and long-term care facilities. When you close a hospital in a rural area, the result is a commute that means the difference, frequently, between life and death.

Eighty rural hospitals have closed since 2010. One in three rural hospitals are financially vulnerable. At the current closure rate, more than 25 percent of rural hospitals will close in less than a decade.

As this Congress examines ways to improve our Nation's healthcare system, we must not forget that rural health care is unique and requires different programs to succeed.

In addition to hospital closures, a workforce shortage plagues rural America; 77 percent of more than 2,000 rural counties in the United States are designated as having a shortage of healthcare professionals. Recruitment and retention of experienced professionals, including primary care physicians, is an ongoing challenge.

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Mr. Speaker, no matter how you pay for health care, if there are not qualified and trained professionals in those communities, healthcare access does not exist. Congress must act to stop cuts to rural hospitals and strengthen the healthcare workforce in underserved areas.

Furthermore, the opioid epidemic that is sweeping the Nation has ravaged our rural communities, leaving

even more of the population in need of crucial health services. Adolescents and young adults living in rural areas are more vulnerable to opioid abuse than their urban counterparts. The prevalence of fatal drug overdoses has skyrocketed in rural areas. High unemployment and a greater rate of the types of injuries that result in prescriptions for opioid medications have contributed to this.

For these reasons, I again look forward to cosponsoring the Save Rural Hospitals Act in the 115th Congress. We must ensure access to health care for Americans living in rural areas.

On average, trauma victims in rural areas must travel twice as far as victims in urban areas to the closest hospital. As a result, 60 percent of trauma deaths occur in rural areas, even though only 20 percent of Americans live in rural areas.

The Affordable Care Act was supposed to help cut costs for health care, but that did not happen for everyone. American families have found out the hard way, with increased taxes, looming regulations, and a slew of broken promises, from untrue cost controls to limitations on consumer choice. We were told that, “if you like your coverage, you can keep it.” Well, that was not even close to being true.

I look forward to working with my colleagues to fix our flawed healthcare system. Currently, healthcare costs have gone up, premiums have increased by double digits, but choices have decreased. Deductibles are so high that many Americans, despite having “coverage,” cannot afford to seek care under that coverage. Well, that is not right. It is not fair, and it is not feasible. There must be a better way, and I know together we can work to find a stable transition to a 21st century healthcare system that works for everyone in America, particularly for those in rural regions where the need is great and the services are scarce.

DON'T CUT PLANNED PARENTHOOD FUNDING

The SPEAKER pro tempore. The Chair recognizes the gentleman from Massachusetts (Mr. KENNEDY) for 5 minutes.

Mr. KENNEDY. Mr. Speaker, tomorrow this body is set to vote on a budget resolution that would dramatically cut Federal funding for Planned Parenthood. But today there is still time to reconsider that proposal and listen to the thousands, if not millions, of men, women, and children who are urging us not to because they understand the impact in our communities better than almost any of us here today.

Now, this isn't just about blocking a woman's constitutional right to her own healthcare options, although that would be bad enough. This is about gutting Medicaid reimbursements for preventive care and family planning, revoking every single dollar for 360,000 lifesaving breast exams and 4 million

tests for sexually transmitted diseases. This is Congress choosing political gamesmanship at the expense of Americans' health, particularly those who cannot afford care otherwise. This is a tactical strike on low-income women and families.

In my home State of Massachusetts, it would immediately deny access to care to nearly 10,000 patients covered by MassHealth. For these men, women, and children, it is not as simple as walking to the nearest community health center, because over 50 percent of Planned Parenthood centers across our country are found in medically underserved communities.

For the elderly woman in need of cancer screening, there would be nowhere else to turn. For the young expectant mother in need of prenatal care, there would no longer be a community doctor that she can trust. For the dad whose son is in need of strep throat treatment, the only option left may be an unaffordable trip to the emergency room.

Mr. Speaker, if this is intended to be a warning shot on a constitutionally guaranteed right to have an abortion, my Republican colleagues are missing their target and, instead, they are aimed right at poor Americans.

I urge every Member of this House to talk to their constituents who have received care at Planned Parenthood centers before voting on this bill. I ask them to listen and understand the life-altering impact that it will have on the families who can least afford it.

WE HAVE HIT THE GROUND RUNNING

The SPEAKER pro tempore. The Chair recognizes the gentleman from Minnesota (Mr. LEWIS) for 5 minutes.

Mr. LEWIS of Minnesota. Mr. Speaker, I rise today to say how incredibly proud I am to be representing Minnesota's Second District. It is an honor that I do not take lightly, and I am excited to get to work for my constituents.

Here in the House we have hit the ground running. During my first 2 weeks in Congress, we took steps to jump-start our economy by addressing the massive web of regulations that were issued by unelected and unaccountable bureaucrats in the administration. In fact, 2016 was a record-breaking year for Federal agencies. Unfortunately, the record they set is not a good one.

In 2016 alone, there were 3,853 finalized rules and regulations, amounting to 97,110 pages. That is more than any year in history. Based on the page numbers alone, this amount of regulations may seem staggering, but the economic costs are even more damaging. In 2015, regulations cost American consumers and small businesses an estimated \$1.88 trillion in lost economic productivity and higher prices.

Many in Washington have started to call Federal regulators the fourth

branch of government, unelected branch of government when it comes from the agencies. For too long, these regulators have run rampant, hurting our small businesses, stifling job growth, and hampering our economy. In fact, we have had one of the slowest economic recoveries coming out of a severe recession in modern times.

That is why, last week, I was proud to join my colleagues in passing the REINS Act and the Midnight Rules Relief Act. Additionally, this week we passed the Regulatory Accountability Act. Today I am proud to introduce my first piece of legislation, the Reforming Executive Guidance Act. This will further increase transparency and ensure that regulatory agencies are held accountable for their actions.

My bill will ensure that significant guidance documents promulgated by the regulatory agencies are subject to congressional review. These guidance documents are only meant to clarify regulations. However, over the years, executive agencies have used these guidance documents more and more often to expand their power and make significant policy changes. We are the accountable branch who are to make those policy changes. These policy changes are negatively affecting our businesses and imposing these significant costs on our economy.

My bill simply ensures that significant guidance documents are fully subject to the Congressional Review Act and the Administrative Procedure Act's notice and comment requirement. Not only does this increase congressional oversight, it also increases transparency, as the public will now have the ability to review these guidance documents before they are finalized. I ask my colleagues to join me in supporting this straightforward, commonsense legislation.

I look forward to working with my colleagues throughout the 115th Congress as we address the major issues facing the American people.

THE AFFORDABLE CARE ACT WORKS

The SPEAKER pro tempore. The Chair recognizes the gentleman from New Jersey (Mr. PAYNE) for 5 minutes.

Mr. PAYNE. Mr. Speaker, one of my constituents, Paul from Montclair, New Jersey, shared with my office his struggle with bladder cancer, HIV, and severe depression. He told us that he is scared, like most people who rely on the Affordable Care Act, because Republicans are determined to gut this legislation. He told us that he depends on the ACA for his medications and treatments, without which he fears he will die.

Paul lives on an unstable income, and it is only because of the ACA that he is able to afford his treatments. The staffer in my office who spoke with Paul told me that he could feel the fear in Paul's voice as he listened to Paul's story. Paul is rightly concerned about